



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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STATE OF HAMA. STATE ETHICS COMMISSION

## LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

NAME(Last)  Keohokalole  Keohokalole  Adrian  (808)845-6221  MAILING ADDRESS (Street)  FAX   1432 Middle Street  (808)847-8048  (City)  (State)  (Zip Code)  Honolulu  HI  96819  EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)  Hawaii Operating Engineers Industry Stabilization Fund  MAILING ADDRESS (Street)  (808)845-6221  FAX  (City)  (State)  (808)847-8048  (City)  (State)  (State)  (State)  (State)  (State)  (State)  (State)  (State)  (State)  (Sign Code)	PARTI LOBBYIST			
MAILING ADDRESS (Street)  1432 Middle Street (808) 847–8048 (City) (State) (Zip Code)  Honolulu HI 96819  EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)  Hawaii Operating Engineers Industry Stabilization Fund (808) 845–6221  MAILING ADDRESS (Street)  FAX  1432 Middle Street (808) 847–8048 (City) (State) (Zip Code)	NAME(Last)	(First)	(Middle)	TELEPHONE
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Honolulu HT 96819				
Honolulu HT 96819				
	Honolulu	HI		96819

PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY	FOR (Do not abbreviate)	TELEPHONE
Hawaii Operating Engineers	(808)845-6221	
MAILING ADDRESS (Street)		FAX
1432 Middle Street		(808)847-8048
(City)	(State)	(Zip Code)
Honolulu	HI	96819
NAME OF PERSON RESPONSIBLE FOR PR	EPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE
		·
John Sweeney		(510)337-3300
MAILING ADDRESS (Street)	FAX	
1640 South Loop Road		(510)337-3373
(City)	(State)	(Zip Code)
[		
Alameda	CA	94502

**PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY** Agriculture Science, Technology & Education **Human Services Economic Development** Communications & Government Operations & Intergovernmental Relations, Tourism & Recreation **Public Utilities** Finance International Affairs Consumer Protection & Hawaiian Affairs Labor & Employment Transportation Commerce Culture, Arts, Historic Health Planning, Land & Water Other: (indicate below) Preservation Use Management Ecology, Energy Housing **Public Safety & Corrections** Environmental Protection

PART IV CERTIFICATION OF LOBBYIST	
I hereby certify that the information furnished abo	ove is, to the best of my knowledge, correct and complete.
Afrian Leokokalole	03/14/05
(Signature of Lobbyist)	(Date)
PART V AUTHORIZATION TO LOBBY	
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED
Adrian Keohokalole	H.O.E.I.S.F. Administrator
NAME OF ORGANIZATION (if applicable)	TELEPHONE

1432 Middle Street (808)847-8048
(State) (Zip Code)

Honolulu HI 96819

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

Thereby authorize the above - harnest person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

Hawaii Operating Engineers Industry Stabilization Fund

MAILING ADDRESS (Street)

(City)

(Date)

808)845-622

FAX